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PATIENT CLINICAL HISTORY [SUMMARY]:

X- Functional Capacity Evaluation-X, MS, OTR-CWCE- Evaluator Conclusions: Test findings for this client are valid for safe Maximum functional abilities/tolerances. Recommendations: The client would benefit from an X. The focus of the program would be to increase X. The client would also benefit from X.

X- Physician Progress Report- X, MD- The patient is complaining of X. X is here to review the X scan. There is evidence of a X. There is no X. X are unremarkable and no X. X rates X pain at X. It is I X. It is a X. X states it tends to be increased with certain activities, particularly looking about X. X decreases the pain. X is using X as needed. X is not currently X. X is not actively engaged in any X. X Examination: X has negative X test. X has X. X is felt to be normal in all X. X is intact to X. Examination of the X: The X the patient was describing as a X. The patient is X. X is unrestricted in X. X testing is negative. The patient has a negative X test. X is negative. Impression: X. Plan: I will recommend X. (which was completed at this time) I will recommend a return to X. X finds X beneficial, However, X has had about X sessions. I am not certain X needs ongoing X. We discussed the possibility of a X. X is very reluctant to want to pursue this. At this time X may continue to benefit with more X.

X- UR performed by X, MD- Rationale for Denial: Additional X are not indicated at this time. An FCE dated X was submitted. Pages 1-9 were received and the remainder of the document (pages 10-20) was not received. The most recent request for X was non-certified as there was no clinical information that might warrant a variance from the guidelines, which suggest up to X. Based on this discussion, the prospective request for X is non-certified.

X- UR performed by X, MD- Rationale for Denial: Based on the medical records, it does not appear the request for a X is warranted. The records indicate the claimant had completed X. X was then certified, which is the maximum recommended by the guidelines. A recent progress report on X noted the

claimant was scheduled to begin another course of X. The medical necessity for referral to and enrollment in a X is not reasonable or necessary. Therefore, the request for X is non-certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Denial of X is UPHELD/AGREED UPON since the request exceeds ODG recommendations for submitted diagnosis X, therefore, not establishing medical necessity. There is question as to any further invasive treatment particularly given the notation regarding X, and if so, the result of that treatment. There is question as to previous X, and if so the number of visits, the duration of those visits, whether those visits included active exercise/activity, attendance/compliance with those visits, the results of those visits, and instruction in/compliance with a X. There is question regarding the X, particularly the X. There is question as to current X.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)